

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Teaching Initiatives
89 Washington Avenue
Albany, New York 12234
www.highered.nysed.gov/tcert

Completion of Approved Continuing Teacher and Leader Education (CTLE) Hour(s) Certificate

All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

Instructions for the Trainee:

Please complete Section I and retain your copies for eight years. It is not necessary to send a copy of this form to the Office of Teaching Initiatives unless it is requested in the event of an audit or for use in obtaining an Initial Reissuance. A separate form must be completed for each training.

Instructions for the Approved CTLE Sponsor:

Please complete Sections II and III. These sections must be completed by the Approved CTLE Sponsor authorized individual. Sponsors must verify that the trainee completed the activity, the title, date(s) and number of hours awarded. Records must be retained for a period of eight years. You may use an alternative form or format, however that alternative must capture the same information that is requested on this form.

Section I:				
First Name:		Last Name:		Middle Initial:
Date of Birth: / /		Last 4 Digits of the Social Security Number:		
Section II				
Name of Venue: CITE ZOOM SEMINAR				
Street Address:		City:	State:	Zip Code:
CTLE Activity Title: Collaborative Leadership Practices <small>(Indicate title/subject/grade level, etc.)</small>				
Select One or More Areas of Activity: Pedagogy <input checked="" type="checkbox"/> Content English Language Learning				
CTLE Date(s): from: / /		to / /		Number of hours awarded 2 Hours
		<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>
Section III				
I certify that the individual listed in Section I completed the CTLE cited above pursuant to Subpart 80-6 of the Regulations of the Commissioner of Education.				
Approved Sponsor Name: <u>CITE - Center for Integrated Training & Education</u>				
Print Name of Authorized Certifying Officer : <u>TIM WERNER</u>				
Signature of Authorized Certifying Officer: _____				
Approved Provider Identification Number: <u>23246</u> Date: _____				
Email: <u>CTLE@citeonline.com</u> Phone #: <u>718-923-9333</u>				